

**DOJ USE ONLY**

Received: _____
 Fee: _____
 OCA #: _____
 Completed: _____

(PRINT OR TYPE YOUR RESPONSES)

TYPE OF OWNERSHIP: (Check one) ☐ SOLE PROPRIETOR ☐ PARTNERSHIP ☐ CORPORATION

Residence Address _____ City _____ County _____ State _____ Zip Code _____ () _____
Home Phone Number

4. _____
 Name (Last, First, Middle) Date of Birth Social Security Number Title

ATTACH ANOTHER SHEET FOR ADDITIONAL PARTNERS/OFFICERS/SHAREHOLDERS. CHECK BOX IF ANOTHER SHEET IS USED.

Mailing Address (if different than above) _____ City _____ State _____ Zip Code _____ () _____
Business Phone Number

WILL THE BUSINESS BE ENGAGED IN DEFERRED DEPOSIT AGREEMENTS? 9 YES 9NO

BUSINESS BANK ACCOUNT #	NAME OF BANK	ADDRESS OF BANK

ATTACH ANOTHER SHEET FOR ADDITIONAL BUSINESS LOCATIONS. ALL INFORMATION REQUESTED IN THIS SECTION , INCLUDING THE DEFERRED DEPOSIT AND BUSINESS BANK INFORMATION, MUST BE PROVIDED. CHECK BOX IF ANOTHER SHEET IS USED. ☐

C. PARTNERSHIP/CORPORATE INFORMATION:

IS THE PARTNERSHIP OR CORPORATE NAME DIFFERENT FROM THE BUSINESS NAME? ☐ YES ☐ NO
IF "YES", COMPLETE THE FOLLOWING :

_____()_____
Partnership/Corporate Name Phone Number

Partnership/Corporate Address City State Zip Code

D. ADDITIONAL INFORMATION:

1. Have any parties to this application been convicted of any criminal offense (excluding MINOR traffic violations) for any reason whatsoever? ☐ YES ☐ NO
2. Are any parties to this application NOT in compliance with a judgement or court order for family support? ☐ YES ☐ NO

If any of your answers to D.1 or D.2 was "YES", provide the following details where applicable. If two or more parties to this application answers "YES" to D.1 or D.2, each must complete a separate Section D.

Name of party:_____

Type and nature of violation(s):_____

City and state of violation:_____

Name and location of court where case was heard:_____

Dates of imprisonment:_____

Dates of probation:_____

Conditions of probation:_____

Name, address, and phone number of probation officer:_____

E. CERTIFICATION:

I certify under the penalty of perjury under the laws of the State of California to the truth and accuracy of all statements, answers and representations made in the foregoing application, including all supplementary statements.

SIGNATURE OF
OWNER/PARTNER/CORPORATE OFFICER

TITLE

DATE

**MISREPRESENTATION OR FAILURE TO DISCLOSE REQUESTED INFORMATION
ON THIS APPLICATION IS CAUSE FOR DENIAL OR REVOCATION OF PERMIT.**